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DESCRIPTION

*European Journal of Internal Medicine* is the official journal of the European Federation of Internal Medicine and is the reference scientific journal for the European academic and non-academic internists.

The journal is devoted to promoting science and practice in internal medicine in Europe. To this end, the journal publishes *original articles, editorials, reviews, internal medicine flashcards*, and other information relevant to internal medicine and related fields. Translational medicine and clinical studies both receive attention by the Journal. EJIM has the ambition to become the place for the publication of excellent clinical studies; however, this target is intended to be associated with the improvement of the quality of health care in Internal Medicine in the European hospitals.

The journal encourages the submission, as original articles, of:
- quality clinical studies related to internal medicine; papers defining the unmet clinical needs in several areas of internal medicine; methodology of clinical research and critical reading of clinical studies; high-level subgroup or secondary analyses of the major clinical trials; experimental design of planned or ongoing large clinical trials. This publication may be associated with a critical assessment by methodology experts commenting the methodology of the paper, strengths and potential limitations; acute and critical care medicine as well as emergency medicine to contribute to develop the new professional figure of the internist in the European hospitals;

In addition to the abovementioned articles, the journal publishes *invited articles* on clinical issues relevant to internal medicine, in the form of:
- *Commentary*: a paper commenting an article published in a particular issue and prepared by the Editors or by an invited expert;  
- *Editorial*: a brief article on clinical achievements or debated points in Internal Medicine;  
- *Review Articles*: updated state-of-the-art reviews on a subject of clinical relevance;  
- *Ideas and Opinions*: a paper on a vision concerning a clinical topic not necessarily reflecting evidence-based data but more an expression of a particular vision of a clinical or public health issue;  
- *Clinical Controversies in Internal medicine*, covering pros and cons positions on a specific clinical issue;  
- *Clinical Insights*: a brief article dedicated to the management of particular clinical situation or setting where remarkable advancements or changes in clinical practice were recently experienced;  
- *Beyond the guidelines* on clinical situations or issues that are not covered by the Guidelines or on the limitations of the Guidelines. More in general, this type of articles can be a commentary on recently published guidelines.
AUDIENCE

Specialists in Internal Medicine.

IMPACT FACTOR

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ABSTRACTING AND INDEXING

Scopus
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Web of Science
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Journal Citation Reports - Science Edition
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PubMed/Medline
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Change of Editor October 2018
Thank you very much for your interest in publishing your article in EJINME. Please be aware that as of 15 October, 2018, all new manuscript submissions will be handled by the journal’s new Editor-in-Chief Professor Giancarlo Agnelli and his Associate Editors. The review of manuscripts that had been submitted prior to this date will be finalized by Editor-in-Chief Professor Mannucci and his team.

Types of article

Review Articles
Review articles are generally commissioned by the Editors according to an agreed editorial plan. Unsolicited review articles may be considered provided they are the state-of-the-art updates prepared by authoritative authors.
Review Article should not exceed 3,500-4,000 words and no more than 5 authors.
Authorship details in compliance with ICMJE should be reported. A conflict of interest statement is required (see appropriate chapter on COI). In case of absence of conflicts, a statement "the authors declare they have no conflict of interest" should be reported in the manuscript.

Original Articles
Original Articles should not be longer than 3,500-4,000 words. Authorship must not exceed 16 names in the byline. Group names may be added to the byline and be referenced as a list of contributors in a footnote in the front page of the manuscript. Authorship details in compliance with ICMJE should be reported. A conflict of interest statement is required (see appropriate chapter on COI). In case of absence of conflicts, a statement "the authors declare they have no conflict of interest" should be reported in the manuscript.

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Editorials are brief articles on clinical achievements or debated points in Internal Medicine prepared by an Editor or by an invited expert. They are approximately 1,000-1,500 words long with no more than 2 authors and 15 references. No abstract and no IMRAD structure are required. A conflict of interest statement is required (see appropriate chapter on COI). In case of absence of conflicts, a statement "the authors declare they have no conflict of interest" should be reported in the manuscript.

Commentary
A Commentary type of article is generally solicited by the Editors. It is related to a paper accepted for publication in the journal and is scheduled to appear in the same issue of the related paper. Commentaries should not exceed 1,000-1,500 words and have no more than 2 authors and 15 references. No abstract and no IMRAD structure are required. A conflict of interest statement is required (see appropriate chapter on COI). The commented paper should be referenced in the text and in the reference list. If the commented paper is already available online (please check this page: https://www.ejinme.com/inpress, its DOI number should be used for the reference. If the commented paper is not available online yet, a note [IN PRESS IN THIS ISSUE] should be added. The DOI will be updated later.

Beyond the Guidelines, Clinical Insights, Ideas and Opinions
These articles are generally solicited by the Editors and should be submitted as an Editorial type of article. *Beyond the guidelines* on clinical situations or issues that are not covered by the Guidelines or on the limitations of the Guidelines. More in general, this type of articles can be a commentary on recently published guidelines. *Clinical Insights*: a brief article dedicated to the management of particular clinical situation or setting where remarkable advancements or changes in clinical practice were recently experienced; *Ideas and Opinions*: a paper on a vision concerning a clinical topic not necessarily reflecting evidence-based data but more an expression of a particular vision of a clinical or public health issue. They are prepared in the form of Editorials of approximately 1,500-2,000 words and should have no more than 2 authors and 15 references. No abstract and no IMRAD structure are required. A conflict of interest statement is required (see appropriate chapter on COI). In case of absence of conflicts, a statement "the authors declare they have no conflict of interest" should be reported in the manuscript.

**Clinical Controversies in Internal medicine**
These articles are generally solicited by the Editors and feature pros and cons positions on a specific clinical issue. They are composed of two articles with opposing views. They are solicited by the Editors. Format: 1,500-2,000 words; no abstract, no IMRAD structure; it may contain up to 15 references; conflict of interest statement is mandatory. In case of absence of conflicts, a statement "the authors declare they have no conflict of interest" should be reported in the manuscript.

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**Internal Medicine Flashcards**
This type of article is not a mere representation of a case report. Please see the rationale of this type of articles at *Introducing the "Internal Medicine Flashcards": Call for papers* Volume 24, Issue 6, published online only. *Authors*: maximum 3 *Image*: one, single or multi-panelled. Only original, high-quality images will be considered for publication, provided they do not contain material that has been submitted or published elsewhere. If a photo of an identifiable patient is used, a specific release form must be completed and signed by the patient and enclosed to the submission. All the printed information that might identify the patient or the authors' institution (including but not limited to the hospital or patient name, date or place) should be removed from the images *Main section (case description)*: maximum 175 words *Discussion section*: maximum 225 words + maximum 3 references

**Case Reports**
In general Case Reports are not published unless they contain highly innovative findings (such as, for instance, unusual clinical presentations or new gene mutations, etc...). The European Federation of Internal medicine (EFIM) welcomes case submissions to its open access journal specifically dedicated to case reports available at www.ejcrim.com.

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Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

**Introduction**

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**

Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

**Theory/calculation**

A Theory section should extend, not repeat, the background to the article already dealt with in the Introduction and lay the foundation for further work. In contrast, a Calculation section represents a practical development from a theoretical basis.

**Results**

Results should be clear and concise.

**Discussion**

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.
Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

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A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

This should contain no more than 250 words.

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Keywords
Use terms from the Medical Subjects Headings from the Index Medicus

Abbreviations
Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.
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List funding sources in this standard way to facilitate compliance to funder’s requirements:

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- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.
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A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

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